Case:23-00068-EAG13 Doc#:1 Filed:01/17/23 Entered:01/17/23 15:51:42 Desc: Main Document Page 1 of 63

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF PUERTO RICO	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	LYDIA	
	your government-issued picture identification (for	First name	First name
	example, your driver's	IDANIS	
	license or passport).	Middle name	Middle name
	Bring your picture identification to your	OTERO ENCARNACION	
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity	LYDIA I OTERO ENCARNACION LYDIA OTERO ENCARNACION	
3.	such as a corporation, partnership, or LLC that is not filing this petition. Only the last 4 digits of		
	your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5311	

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.		
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		VEREDAS DEL MAR APT 6-305 VEGA BAJA, PR 00693	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Vega Baja	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

Par	Tell the Court About	our Bank	ruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are			orief description of each, see A			§ 342(b) for Individu	uals Filing for Bankruptcy
	choosing to file under	☐ Chap	ter 7					
		☐ Chap	ter 11					
		☐ Chap	ter 12					
		■ Chap	ter 13					
8.	How you will pay the fee	ab	out how yo	entire fee when I file my per u may pay. Typically, if you ar attorney is submitting your pay address.	e paying	the fee yourself, you	u may pay with cash	n, cashier's check, or money
				the fee in installments. If yo		e this option, sign ar	nd attach the Applica	ation for Individuals to Pay
			_	e in Installments (Official Form t my fee be waived (You may	,	this antion only if yo	ou are filing for Char	oter 7. Ry law a judge may
		bu ⁻	t is not req plies to you	uired to, waive your fee, and nur family size and you are unal on to Have the Chapter 7 Filing	nay do so ole to pay	only if your income the fee in installme	is less than 150% onts). If you choose	of the official poverty line that this option, you must fill out
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.						
	,			SAN JUAN				
			District	BANKRUPTCY COURT	When	7/20/20	Case number	20-02873 EAG
			District		When		Case number	
			District		When		Case number	
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor				Relationship to y	/ou
			District		When		Case number, if	known
			Debtor				Relationship to y	/ou
			District		When		Case number, if	known
11.	Do you rent your	■ No.	Go to li	ine 12.				
	residence?	☐ Yes.	Has yo	ur landlord obtained an eviction	n judgm	ent against you?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	About ar	Eviction Judgment	<i>Against You</i> (Form	101A) and file it as part of

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

Par	Report About Any Bu	sinesses	You Owr	as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes. Name and location of business			ness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a		Numb	per, Street, City, State	e & ZIP Code
	separate sheet and attach it to this petition.		Chec	k the appropriate box	to describe your business:
					ess (as defined in 11 U.S.C. § 101(27A))
					Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				•	(as defined in 11 U.S.C. § 101(6))
				None of the above	
Pari	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	proceed by you are concess flow § 1116(1) ■ No. □ No. □ Yes. □ Yes.	lam f Code I am f I do n I am f Choose	bchapter V so that it is to proceed under Subnt, and federal incommot filling under Chapter 1 dilling under Chapter 1 dot choose to proceed illing under Chapter 1 se to proceed under Subnt 2 de la chapter 1 se to proceed under Subnt 2 de la chapter 1 se to proceed under Subnt 2 de la chapter 1 se to proceed under Subnt 2 de la chapter 1 se to proceed under Subnt 2 de la chapter 1 se to proceed under Subnt 2 de la chapter 1 de la chapter 1 de la chapter 2 de	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, he tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. ter 11. 11, but I am NOT a small business debtor according to the definition in the Bankruptcy 11, I am a small business debtor according to the definition in the Bankruptcy Code, and a under Subchapter V of Chapter 11. 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?	■ No.	If immed	the hazard? diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	Number, Street, City, State & Zip Code

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION Case number (if known)

Part	6: Answer These Questi	ions for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consur individual primarily for a personal,			in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busine money for a business or investme				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	nat are not consumer	debts or business de	bts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	o to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be available			is excluded and administrative expenses	
	administrative expenses		□No				
	are paid that funds will be available for		☐ Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do	1 -49		1 ,000-5,000		☐ 25,001-50,000	
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		50,001-100,000	
		100-19		1 0,001-25,000		☐ More than100,000	
		200-99	99				
19.	How much do you	□ \$0 - \$50,000		□ \$1,000,001 - \$1		□ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$		\$1,000,000,001 - \$10 billion	
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$ □ \$100,000,001 - \$		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
		— \$500,0	- στ πιιιιοπ 				
20.	How much do you	□ \$0 - \$9	50,000	1 \$1,000,001 - \$1		□ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	
			001 - \$500,000 001 - \$1 million		00,000,001 - \$100 million		
		— \$500,0	φτ πιιιιοπ 				
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I declare u	under penalty of perju	ury that the information	on provided is true and correct.	
			chosen to file under Chapter 7, I am ates Code. I understand the relief a			er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7.	
			rney represents me and I did not pa t, I have obtained and read the noti			attorney to help me fill out this	
		I request	relief in accordance with the chapte	er of title 11, United S	States Code, specified	d in this petition.	
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ LYDIA IDANIS OTERO ENCARNACION					
		LYDIA I	DANIS OTERO ENCARNACIO e of Debtor 1		gnature of Debtor 2		
		Executed	on January 17, 2023 MM / DD / YYYY	Ex	ecuted on	D/YYYY	

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ JAIME	RODRIGUEZ PEREZ, ESQ	Date	January 17, 2023
Signature of	Attorney for Debtor		MM / DD / YYYY
	DRIGUEZ PEREZ, ESQ		
Printed name			
JAIME RO	DRIGUEZ LAW OFFICE, PSC		
Firm name			
URB REXV	/ILLE		
BB21 CAL	LE 38		
BAYAMON	N, PR 00957		
	City, State & ZIP Code		
Contact phone	787-797-4174	Email address	bayamonlawoffice@yahoo.com
221011 PR	8		
Bar number & S	tato		

Certificate Number: 12459-PR-CC-037105917



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>January 13</u>, 2023, at 1:59 o'clock <u>PM PST</u>, <u>Lydia Idanis Otero Encarnacion</u> received from <u>Abacus Credit Counseling</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>District of Puerto Rico</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 13, 2023 By: /s/Shannon Cooper

Name: Shannon Cooper

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

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		Document	Tage 3 of 03	
Fill in this infor	rmation to identify your	case:		
Debtor 1	LYDIA IDANIS 01	TERO ENCARNACION		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number (if known)				☐ Check if this is an amended filing
				amended ming

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets
		Value o	f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	107,700.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	19,613.50
	1c. Copy line 63, Total of all property on Schedule A/B	\$	127,313.50
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	59,117.95
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	31,136.15
	Your total liabilities	\$	90,254.10
Par	tt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,328.08
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,728.08
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and si	ubmit this form to

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______3,590.96

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clain	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this informat	tion to identify your	case and this filing:		
Debtor 1	LYDIA IDANIS OT	ERO ENCARNACION		
-	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	uptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number			_	Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No. Go to Part 2.

Yes. Where is the property?

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION Case number (if known)

1.1				Wha	hat i	s the property? Check all that apply				
	VEREDAS DEL MAR					Single-family home	Do not deduct secured claims or exemptions. Put			
	APT 6305 Street address, if available, or other description			Г	П	Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair			
						Condominium or cooperative	Oreakers Who have char	ms decured by Froperty.		
	VEGA BAJA	PR	00693-0000			Manufactured or mobile home Land	Current value of the entire property?	Current value of the portion you own?		
	City	State	ZIP Code			Investment property	\$107,700.00	\$107,700.00		
						Timeshare	Describe the nature of v	our ownership interest		
				_		Other	(such as fee simple, ter	ancy by the entireties, or		
				_	_	as an interest in the property? Check one	a life estate), if known.			
	V 5			_	_	Debtor 1 only				
	Vega Baja				_	Debtor 2 only				
	County			_		Debtor 1 and Debtor 2 only	Check if this is community property			
						At least one of the debtors and another	(see instructions)			
						information you wish to add about this ite	m, such as local			
					•	rty identification number:	ODEDTY LOCATED	AT VERER 4.0		
						5 INTEREST IN RESIDENTIAL PRO MAR, VEGA BAJA, PR. THE PRO		-		
						ROOMS, ONE BATHROOM, LIVIN				
			AND LAUNDRY AREA.							
						TOR UNDERSTANDS THAT THE I	PROPERTY HAS A N	IARKET VALUE		
				OF \$107,700.00. DEBTOR DECLARE UNDER PENALTY OF CRIMINAL SANCTION THAT						
						BEFORE MENTIONED PROPERT				
				_	_	RINCIPAL RESIDENCE AND USE				
				_		ER PROPERTY HAS BEEN CLAIN OMESTEAD. HOMESTEAD EXEN				
				_	_	PETITION IN ACCORDANCE WIT				
						THE HOMESTEAD ACT WERE P				
				REGISTER ON APRIL 16, 2016, DEED NUMBER 17, EVIDENCE OF TITLE						
				SEA	EAI	RCH WILL BE SUBMITTED FOR E	EVALUATION.			
						our entries from Part 1, including any here		\$107,700.00		
Part	2: Describe Your Veh	nicles								

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 2

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	ARNACION	Case number (if known)	
trucks, tractors, sport utility v	ehicles, motorcycles		
HYUNDAI	Who has an interest in the property? Check one		claims or exemptions. Put
SONATA SE	_		red claims on Schedule D: nims Secured by Property.
2019			Current value of the
ate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	\square At least one of the debtors and another		
FICATION PLATE: 2 VIN NUMBER: 4AF4KH739615	Check if this is community property (see instructions)	\$11,588.00	\$11,588.00
n: VEREDAS DEL MAR			
have attached for Part 2. Write e Your Personal and Household	that number herettems		\$11,588.00 Current value of the portion you own? Do not deduct secured
Major appliances, furniture, linen	s, china, kitchenware		claims or exemptions.
DINNER TABL			
CHAIRS, TABL	ES, DESK AND BOOKS - \$60.00	PR 00693	\$210.00
CHAIRS, TABL		PR 00693	\$210.00
CHAIRS, TABL Location: VER	ES, DESK AND BOOKS - \$60.00		\$210.00 \$200.00
CHAIRS, TABL Location: VER CLOTHING WA Location: VER	ES, DESK AND BOOKS - \$60.00 EDAS DEL MAR APT 6305, VEGA BAJA	PR 00693	<u> </u>
	2019 ate mileage: pormation: COLOR, FOUR DOORS, FICATION PLATE: 2 VIN NUMBER: 4AF4KH739615 RITY DATE: 09/2025 pn: VEREDAS DEL MAR 05, VEGA BAJA PR aircraft, motor homes, ATVs a pats, trailers, motors, personal we that we attached for Part 2. Write the Your Personal and Household in the Your Pe	SONATA SE 2019 ate mileage:	With as an interest in the property? Check one 2019 Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Current value of the entire property?

Official Form 106A/B Schedule A/B: Property page 3

Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693

\$100.00

LIVING ROOM FURNITURE

Case:23-00068-EAG13 Doc#:1 Filed:01/17/23 Entered:01/17/23 15:51:42 Page 14 of 63 Document LYDIA IDANIS OTERO ENCARNACION Case number (if known) Debtor 1 ONE TV \$250.00 Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 **RADIO PLAYER MACHINE** \$100.00 Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 **SECOND BEDROOM FURNITURE** \$100.00 Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 STOVE AND REFRIGERATOR (\$100.00 EACH) \$200.00 Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... **CLOTHES, SHOES AND ACCESORIES.** \$250.00 Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No

13. Non-farm animals

Yes. Describe.....

Examples: Dogs, cats, birds, horses

WOMAN'S ACCESORIES

■ No

☐ Yes. Describe.....

Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693

\$150.00

Case:23-00068-EAG13 Doc#:1 Filed:01/17/23 Entered:01/17/23 15:51:42 Page 15 of 63 Document Case number (if known) Debtor 1 LYDIA IDANIS OTERO ENCARNACION 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,960.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... **CASH ON** HANDS. **LOCATION: IS** ON **DEBTOR'S** \$10.00 POSSESSION. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **BANCO POPULAR ACCOUNT NUMBER:** Checking \$243.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name:

Official Form 106A/B Schedule A/B: Property page 5

Institution name:

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

21. Retirement or pension accounts

☐ Yes. List each account separately.

Type of account:

No

De	Case:23-00068-EAG13 btor 1 LYDIA IDANIS OTERO EN	Doc#:1 Filed:01/17/23 Entered:0 Document Page 16 of 63 ICARNACION	01/17/23 15:51:42 Case number (if known)	Desc: Main
	Security deposits and prepayments Your share of all unused deposits you Examples: Agreements with landlords, No	have made so that you may continue service or use fron prepaid rent, public utilities (electric, gas, water), telec	om a company ommunications companies,	or others
	☐ Yes	Institution name or individual:		
	Annuities (A contract for a periodic pay ■ No □ Yes	ment of money to you, either for life or for a number of	years)	
		·	-1101	
	Interests in an education IRA, in an ac 26 U.S.C. §§ 530(b)(1), 529A(b), and 52 ■ No	ccount in a qualified ABLE program, or under a qua 9(b)(1).	alified state tuition progra	m.
	Yes Institution name a	and description. Separately file the records of any interest	ests.11 U.S.C. § 521(c):	
	Trusts, equitable or future interests i ■ No	n property (other than anything listed in line 1), and	d rights or powers exercis	able for your benefit
	☐ Yes. Give specific information about	them		
		le secrets, and other intellectual property basites, proceeds from royalties and licensing agreement	nts	
	■ Yes. Give specific information about	them		
	Licenses, franchises, and other gene Examples: Building permits, exclusive ■ No	eral intangibles licenses, cooperative association holdings, liquor licen	ses, professional licenses	
	☐ Yes. Give specific information about	them		
Мс	ney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to you ■ No □ Yes. Give specific information about t	hem, including whether you already filed the returns ar	nd the tax years	
	Family support Examples: Past due or lump sum alimo No Yes. Give specific information	ony, spousal support, child support, maintenance, divo	rce settlement, property sett	element
		POSSIBLE DSO ACCOUNT. THAT DEBT IS UNCOBRABLE SINCE ITS CHILDREN ARE OLDER. THE UNCOBRABLE AMOUNT IS \$36,878.55.	Alimony	\$0.00
	Other amounts someone owes you Examples: Unpaid wages, disability ins benefits; unpaid loans you	surance payments, disability benefits, sick pay, vacation made to someone else	n pay, workers' compensat	ion, Social Security

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 $\hfill \square$ Yes. Name the insurance company of each policy and list its value. Company name:

Beneficiary:

Surrender or refund value:

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☐ Yes. Go to line 47.

Case number (if known)

	Any interest in property that is due If you are the beneficiary of a living tr someone has died. ☐ No	you from someone who has died ust, expect proceeds from a life insurance policy, or are currently entitled to re	ceive property because
	Yes. Give specific information		
		DEBTOR INHERITANCE: DEBTOR HAS AN INHERITANCE INTEREST IN THE ESTATE ON DEBTOR'S MOTHER MRS. DELIA ENCARNACION WICH CONSISTS OF 50% INTEREST IN RESIDENTIAL PROPERTY LOCATED AT URB EL ROSARIO, VEGA BAJA, PR. THE OTHER 50% BELONGS TO HER STEPFATHER. THE REFERRED PROPERTY CONSIST OF A CONCRETE BUIT STRUCTURE DIVIDED IN THREE BEDROOMS, ONE BATHROOM, BALCONY, LIVINGROOM, DINING ROOM-KITCHEN.	
		DEBTOR UNDERTANDS THAT THE PROPERTY HAS AN MARKET VALUE OF \$93,000.00 OR EVEN LESS.	
		HEIRS ARE DEBTOR, AND 7 SIBLINGS FOR A TOTAL OF 8.	
		ANALYSIS: \$93,000.00 / 2 = \$46,500.00 \$46,500.00 / 8 (DEBTOR AND 7 SIBLINGS) \$5,812.50 (DEBTOR ANTICIPATES LIQUIDATION AND INHERITANCE LIQUIDATION EXPENSES OF \$7,334.99 OR EVEN MORE. NOT COUNTING "CUOTA VIUDAL LISUEDUCTUARIA")	
		USUFRUCTUARIA") LIQUIDATION VALUE:\$4,141.42 PV - \$4,804.05	\$5,812.50
ļ		er or not you have filed a lawsuit or made a demand for payment sputes, insurance claims, or rights to sue	
	Other contingent and unliquidated ■ No	claims of every nature, including counterclaims of the debtor and rights	to set off claims
I	☐ Yes. Describe each claim		
ı	Any financial assets you did not alr ■ No □ Yes. Give specific information	eady list	
36.		entries from Part 4, including any entries for pages you have attached	\$6,065.50
Par	t 5: Describe Any Business-Related Pro	perty You Own or Have an Interest In. List any real estate in Part 1.	
37.	Do you own or have any legal or equitab	e interest in any business-related property?	
	No. Go to Part 6.		
	Yes. Go to line 38.		
Par	t 6: Describe Any Farm- and Commercial If you own or have an interest in farml	al Fishing-Related Property You Own or Have an Interest In. and, list it in Part 1.	
46.	Do you own or have any legal or eq No. Go to Part 7.	uitable interest in any farm- or commercial fishing-related property?	

Official Form 106A/B Schedule A/B: Property page 7

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION Page 18 of 63

Case number (if known)

Part	7: Describe All Property You Own or Have an Interest in That	You D	id Not List Above			
53.	Do you have other property of any kind you did not already I Examples: Season tickets, country club membership	ist?				
	No					
	Yes. Give specific information					
54.	Add the dollar value of all of your entries from Part 7. Write	that	number here			\$0.00
Part	8: List the Totals of Each Part of this Form					
55.	Part 1: Total real estate, line 2					\$107,700.00
56.	Part 2: Total vehicles, line 5		\$11,588.00			
57.	Part 3: Total personal and household items, line 15		\$1,960.00			
58.	Part 4: Total financial assets, line 36		\$6,065.50			
59.	Part 5: Total business-related property, line 45		\$0.00			
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00			
61.	Part 7: Total other property not listed, line 54	+ _	\$0.00			
62.	Total personal property. Add lines 56 through 61	_	\$19,613.50	Copy personal property t	otal	\$19,613.50
63.	Total of all property on Schedule A/B. Add line 55 + line 62					\$127,313.50

Official Form 106A/B Schedule A/B: Property page 8

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Fill in this information to identify your case:							
Debtor 1	LYDIA IDANIS OT						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	nkruptcy Court for the:	DISTRICT OF PUERTO RICO					
Case number (if known)					☐ Check if this is an		
					amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	y the Pr	roperty	You (aimiز	as Exem	pt

1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	■ You are claiming state and federal nonban	kruptcy exemptions.	I1 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	, , , , , , , , , , , , , , , , , , , ,	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	VEREDAS DEL MAR APT 6305 VEGA BAJA, PR 00693 Vega Baja County	\$107,700.00		\$75,036.05	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(a)
	100% INTEREST IN RESIDENTIAL PROPERTY LOCATED AT VEREDAS DEL MAR, VEGA BAJA, PR. THE PROPERTY CONSIST OF THREE BEDROOMS, ONE BATHROOM, LIVINGROOM, DINNING ROOM, KITCHEN AND LAUNDRY AREA.			100% of fair market value, up to any applicable statutory limit	, Aια 1107(a)
	DE Line from <i>Schedule A/B</i> : 1.1				
	DINNER TABLE - \$150.00 CHAIRS, TABLES, DESK AND	\$210.00		\$210.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
	BOOKS - \$60.00 Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CLOTHING WASHING AND DRIER MACHINE	\$200.00		\$200.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
	Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693			100% of fair market value, up to any applicable statutory limit	1,744 1107(0)

Line from Schedule A/B: 6.2

ebtor 1 LYDIA IDANIS OTERO ENCARNA	ACION		Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
FIRST BEDROOM FURNITURE Location: VEREDAS DEL MAR APT	\$100.00		\$100.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
6305, VEGA BAJA PR 00693 Line from <i>Schedule A/B</i> : 6.3			100% of fair market value, up to any applicable statutory limit	·, · · · · · · · · · · · · · ·
KITCHEN APPLIANCES Location: VEREDAS DEL MAR APT	\$300.00		\$300.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
6305, VEGA BAJA PR 00693 Line from <i>Schedule A/B</i> : 6.4			100% of fair market value, up to any applicable statutory limit	, , ,
LIVING ROOM FURNITURE Location: VEREDAS DEL MAR APT	\$100.00		\$100.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
6305, VEGA BAJA PR 00693 Line from Schedule A/B: 6.5			100% of fair market value, up to any applicable statutory limit	, ,,
ONE TV Location: VEREDAS DEL MAR APT	\$250.00		\$250.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
6305, VEGA BAJA PR 00693 Line from <i>Schedule A/B</i> : 6.6			100% of fair market value, up to any applicable statutory limit	,,
RADIO PLAYER MACHINE Location: VEREDAS DEL MAR APT	\$100.00		\$100.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
6305, VEGA BAJA PR 00693 Line from <i>Schedule A/B</i> : 6.7			100% of fair market value, up to any applicable statutory limit	, , , , , , , , , , , , , , , , , , , ,
SECOND BEDROOM FURNITURE Location: VEREDAS DEL MAR APT	\$100.00		\$100.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
6305, VEGA BAJA PR 00693 Line from <i>Schedule A/B</i> : 6.8			100% of fair market value, up to any applicable statutory limit	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STOVE AND REFRIGERATOR (\$100.00 EACH)	\$200.00		\$200.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(b)
Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 Line from <i>Schedule A/B</i> : 6.9			100% of fair market value, up to any applicable statutory limit	· · · · · · · · · · · · · · · · · · ·
CLOTHES, SHOES AND ACCESORIES.	\$250.00		\$250.00	Law No. 55-2020, Title 3, Ch. 1, Art. 1157(c)
Location: VEREDAS DEL MAR APT 6305, VEGA BAJA PR 00693 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	·,·
Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every			led on or after the date of adjustmer	nt.)
■ No	,			,
Yes. Did you acquire the property covered No	ed by the exemption wi	thin 1	,215 days before you filed this case	?
☐ Yes				

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		Document	Page 21 (of 63		
Fill in this informat	tion to identify you	r case:				
Debtor 1 LYDIA IDANIS OTERO ENCARNACION						
_	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankr	ruptcy Court for the:	DISTRICT OF PUERTO RICO				
Coop number						
Case number					☐ Check	if this is an
					_	ed filing
~						
Official Form						
Schedule D	: Creditors	Who Have Claims S	Secured	by Property	y	12/15
		two married people are filing togethe				
is needed, copy the Adnumber (if known).	dditional Page, fill it o	ut, number the entries, and attach it to	o this form. On	the top of any addition	nal pages, write your nar	ne and case
1. Do any creditors ha	ve claims secured by	your property?				
		is form to the court with your other s	schedules. You	u have nothing else to	o report on this form.	
_	l of the information b	•				
	Secured Claims	olow.				
			Pr	Column A	Column B	Column C
		nore than one secured claim, list the cred a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
much as possible, list t	he claims in alphabetic	al order according to the creditor's name).	Do not deduct the value of collateral.	that supports this claim	portion If any
FEDERICO I	ROBLES					,
2.1 COLLAZO		Describe the property that secures the	ne claim:	\$17,000.00	\$107,700.00	\$0.00
Creditor's Name		VEREDAS DEL MAR APT 630	-			
		VEGA BAJA, PR 00693 Vega County	Ваја			
		100% INTEREST IN RESIDEN	ITIAI			
		PROPERTY LOCATED AT VE				
		DEL MAR, VEGA BAJA, PR. 7				
		PROPERTY CONSIST OF THE	REE			
		BEDROOMS, ONE BATHROO	-			
2 ANASTAS	10	LIVINGROOM, DINNING ROO	PΜ,			
MENENDEZ		KITCHEN AND LAU As of the date you file, the claim is: C	Shook all that			
SECTOR PA		apply.	neck all that			
MOROVIS, F	PR 00687	☐ Contingent				
Number, Street, Cit	ty, State & Zip Code	☐ Unliquidated				
	_	Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as m car loan)	ortgage or secu	red		
Debtor 2 only		_				
Debtor 1 and Debto	•	Statutory lien (such as tax lien, mech	hanic's lien)			
At least one of the		Judgment lien from a lawsuit	Cirot Manter-			
☐ Check if this claim relates to a community debt Other (including a right to offset) First Mortgage						

Date debt was incurred 04/16/2016

5311

Last 4 digits of account number

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Creditor's Name 20 WH IDI VII	scribe the property that secures the claim: 19 HYUNDAI SONATA SE HITE COLOR, FOUR DOORS,	\$26,454.00	\$11,588.00	\$14,866.00
Creditor's Name 20 WH IDI VII	19 HYUNDAI SONATA SE HITE COLOR, FOUR DOORS,	\$26,454.00	\$11,588.00	\$14,866.00
WH IDI VII MA	HITE COLOR, FOUR DOORS,			
PO BOX 1432 ALEXANDRIA, VA As appl	ENTIFICATION PLATE: JDW592 N NUMBER: 5NPE24AF4KH739615 ATURITY DATE: 09/2025 Cation: VEREDAS DEL MAR APT 05, VEGA BAJA PR 00693 of the date you file, the claim is: Check all that ly. Contingent			
	Unliquidated			
	Disputed ture of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or so car loan)	ecured		
<u> </u>	Statutory lien (such as tax lien, mechanic's lien)			
	Judgment lien from a lawsuit			
_	Other (including a right to offset) Automobi	ile Loan		
Date debt was incurred09/14/2019	Last 4 digits of account number 9123			
Creditor's Name VE Co 100 PR DE PR BE LIV KI VEGA BAJA, PR 00693 Number, Street, City, State & Zip Code	REDAS DEL MAR APT 6305 EGA BAJA, PR 00693 Vega Baja bunty 0% INTEREST IN RESIDENTIAL ROPERTY LOCATED AT VEREDAS EL MAR, VEGA BAJA, PR. THE ROPERTY CONSIST OF THREE EDROOMS, ONE BATHROOM, VINGROOM, DINNING ROOM, TCHEN AND LAU of the date you file, the claim is: Check all that ly. Contingent Unliquidated Disputed	\$15,663.95	\$107,700.00	\$0.00
	ture of lien. Check all that apply.			
_	An agreement you made (such as mortgage or so car loan)	ecured		
	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another ☐	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Home Ow	ner Association		
Date debt was incurred 2019	Last 4 digits of account number 6305			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

Debtor 1 LYDIA IDANIS OTERO ENCARNACION			CION	Case number (if known)		
	First Name	Middle Name	Last Name			
[]			s	On which line in Part 1 did you enter the creditor?		
[]	Name, Number, Stre WANDA I FON PARCELAS TO 258 CALLE OT MOROVIS, PR	DRRECILLAS ILIO MUNOZ		On which line in Part 1 did you enter the creditor?		
[]	Name, Number, Str WANDA I FON 2 ANASTASIO SECTOR PABO MOROVIS, PR	MENENDEZ ON		On which line in Part 1 did you enter the creditor? Last 4 digits of account number		

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		Document	Page 24	of 63			
Fill in this	information to identify your	case:					
Debtor 1	I VDIA IDANIS OT	ERO ENCARNACION					
DCDIOI 1	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filin	ng) First Name	Middle Name	Last Name				
United Stat	tes Bankruptcy Court for the:	DISTRICT OF PUERTO RICO					
Casa numb	no.						
Case numb (if known)					☐ Check if this is an		
					amended filing		
					-		
	Form 106E/F						
<u>Schedu</u>	ıle E/F: Creditors W	ho Have Unsecured	Claims		12/15		
Schedule G: Schedule D: left. Attach tl	Executory Contracts and Unexp Creditors Who Have Claims Sec	oired Leases (Official Form 106G). D cured by Property. If more space is i	o not include needed, copy	any creditors with partially s the Part you need, fill it out, r	Property (Official Form 106A/B) and on ecured claims that are listed in number the entries in the boxes on the op of any additional pages, write your		
Part 1:	List All of Your PRIORITY Ur	secured Claims					
1. Do any	creditors have priority unsecure	d claims against you?					
No.	Go to Part 2.						
☐ Yes.							
Dowt Or	List All of Your NONPRIORIT	TV I I management Claims					
_ `	creditors have nonpriority unsec						
∐ No.`	You have nothing to report in this p	part. Submit this form to the court with	your other sche	edules.			
Yes.							
unsecur	ed claim, list the creditor separatel	aims in the alphabetical order of th y for each claim. For each claim listed ist the other creditors in Part 3.If you h	, identify what t	ype of claim it is. Do not list cla	nims already included in Part 1. If more		
					Total claim		
4.1 A (CCEPTANCE NOW	Last 4 digits of acc	ount number	0242	\$2,940.00		
	npriority Creditor's Name			44/0040			
	01 HEADQUARTERS DR LANO, TX 75024	When was the debt	incurred?	11/2013			
	mber Street City State Zip Code	As of the date you f	file, the claim i	s: Check all that apply			
Wh	no incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ Disputed						
	At least one of the debtors and and	other Type of NONPRIOR	ITY unsecured	d claim:			
	Check if this claim is for a com-	munity					
del				ration agreement or divorce that	at you did not		
_	the claim subject to offset?	report as priority clair		a plana, and other similar -I-I-6	•		
	No	·	•	g plans, and other similar debt	5		
	Yes	Other. Specify	Consumer	Dept			

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION (

Case number	(if known)	
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4.2	AT&T SERVICES	Last 4 digits of account number 6719	\$405.00
	Nonpriority Creditor's Name PO BOX 192830	When was the debt incurred? 07/2014	· · · · · · · · · · · · · · · · · · ·
	SAN JUAN, PR 00919		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Consumer Debt	
4.3	CLARO PR	Last 4 digits of account number 5002	\$282.00
	Nonpriority Creditor's Name		
	PO BOX 70367 SAN JUAN, PR 00936	When was the debt incurred? 08/2013	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify Consumer Debt	
4.4	CLARO PR	Last 4 digits of account number 9481	\$151.00
	Nonpriority Creditor's Name		Ψ101.00
	PO BOX 70367	When was the debt incurred? 12/2013	
	SAN JUAN, PR 00936 Number Street City State Zip Code	As of the date you file the plain is Charled that such	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	Пол	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Consumer Debt	

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION Page 26 of 63

Case number (if known)

4.5	DTOP	Last 4 digits of account number	1380	\$395.00
	Nonpriority Creditor's Name PO BOX 41269 MINILLAS STATION	When was the debt incurred?	2010-2013	· ·
	SAN JUAN, PR 00940 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separate port as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	TRAFFIC VI 34011514 3498178 34989179 32733219 27868855	OLATION	
4.6	ECMC	Last 4 digits of account number	5311	\$18,543.49
	Nonpriority Creditor's Name PO BOX 16408	When was the debt incurred?		
	SAINT PAUL, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separ	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.7	EMPRESAS BERRIOS	Last 4 digits of account number	5311	\$1,557.01
	Nonpriority Creditor's Name PO BOX 674	When was the debt incurred?	05/2014	
	CIDRA, PR 00639-0674 Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	\square Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separ	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify Consumer I	Debt	

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

LUMA ENERGY	Last 4 digits of account number 5311	\$6,862.65
Nonpriority Creditor's Name		
PO BOX 363508	When was the debt incurred?	
SAN JUAN, PR 00936-3508		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Consumer Debt	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					_
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			
	- 3	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	31,136.15
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	31,136.15

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Fill in this infor				
Debtor 1	LYDIA IDANIS O	TERO ENCARNACION		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO F	RICO	
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2	,				
2.2	Name				_
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

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Fill in thi	s information to identify	your case:		
Debtor 1	LYDIA IDAN	IS OTERO ENCARNACION		
D - l- 1 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, f	iling) First Name	Middle Name	Last Name	
United St	ates Bankruptcy Court for	the: DISTRICT OF PUERTO RIG	co	
Case nur	mher			
(if known)				☐ Check if this is an
				amended filing
Officia	al Form 106H			
	dule H: Your C	Codebtors		12/15
people ar fill it out, your nam	e filing together, both ar and number the entries e and case number (if kı	e equally responsible for supplyir	ng correct information e Additional Page to	complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write a codebtor.
■ No	-			
		ve you lived in a community prope siana, Nevada, New Mexico, Puerto		? (Community property states and territories include gton, and Wisconsin.)
_	o. Go to line 3. es. Did your spouse, forme	er spouse, or legal equivalent live wit	h you at the time?	
	□No			
	Yes.			
	In which communit	ry state or territory did you live?	Puerto Rico	Fill in the name and current address of that person. DEBTOR COMPANION
	Name of your spouse, fo Number, Street, City, Sta	rmer spouse, or legal equivalent		
in lir Forn	olumn 1, list all of your c ne 2 again as a codebtor	odebtors. Do not include your spo only if that person is a guarantor official Form 106E/F), or Schedule	or cosigner. Make su	f your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fil Column 2: The creditor to whom you owe the debt Check all schedules that apply:
				Пол. 11 о п
3.1	Name			☐ Schedule D, line
				☐ Schedule G, line
	Number Street City	State	ZIP Code	
2.0				□ Sahadula D. lina
3.2	Name			☐ Schedule D, line
				☐ Schedule G, line
	Number Street			
	City	State	ZIP Code	

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Debtor 1	LYDIA IDANIS OTERO ENCARNACION	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: DISTRICT OF PUERTO RICO	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>rm 106l</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/15
Be as complete a supplying correct spouse. If you are	nd accurate as possible. If two married people are filing togethe t information. If you are married and not filing jointly, and your s e separated and your spouse is not filing with you, do not includ sheet to this form. On the top of any additional pages, write you	pouse is living with you, include information about your e information about your spouse. If more space is needed,

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.		Occupation	ADMINISTRATOR	
	Include part-time, seasonal, or self-employed work.	Employer's name	ICON MANAGEMENT	
	Occupation may include student or homemaker, if it applies.	Employer's address	454 AVE TENIENTE CESAR LUIS GONZALEZ SAN JUAN, PR 00918	
		How long employed th	nere? 1 YEARS	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. Calculate gross Income. Add line 2 + line 3.

		For Deptor 1		filing spouse
2.	\$	1,634.54	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	1,634.54	\$	0.00

For Dobtor 1 For Dobtor 2 or

Schedule I: Your Income Official Form 106I page 1

Debt	or 1	LYDIA IDANIS OTERO ENCARNACIO	ON	_	(Case number (if kn	own)			
						F D-lite-4		F	D-1-10	
						For Debtor 1			Debtor 2 or -filing spouse	ž
	Сор	y line 4 here		4.		\$ 1,634	.54	\$	0.0	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security ded	uctions	5a	١.	\$ 163	.45	\$	0.0	0
	5b.	Mandatory contributions for retirement		5b			.00	\$	0.0	
	5c.	Voluntary contributions for retirement	plans	5c.			.00	\$	0.0	
	5d.	Required repayments of retirement fund	d loans	5d	l.	\$ 0	.00	\$	0.0	0
	5e.	Insurance		5e	٠.	\$ 0	.00	\$	0.0	0
	5f.	Domestic support obligations		5f.			.00	\$	0.0	
	5g.	Union dues		5g.			.00	\$_	0.0	
	5h.	Other deductions. Specify: SOBREP		5h			.64		0.0	
6.	Add	the payroll deductions. Add lines 5a+5b+	-5c+5d+5e+5f+5g+5h.	6.		\$399	.09	\$_	0.0	0_
7.	Cald	culate total monthly take-home pay. Subtr	ract line 6 from line 4.	7.		\$1,235	.45	\$	0.0	0_
8.	List 8a.	all other income regularly received: Net income from rental property and from profession, or farm Attach a statement for each property and receipts, ordinary and necessary business	business showing gross							
		monthly net income.		8a	١.	·	.00	\$	0.0	0
	8b.	Interest and dividends		8b	٠.	\$0	.00	\$	0.0	0
	8c.	Family support payments that you, a no regularly receive Include alimony, spousal support, child su settlement, and property settlement.		8c.		\$1,337		\$	0.0	
	8d.	Unemployment compensation		8d	l.		.00	\$	0.0	
	8e.	Social Security		8e	٠.	\$0	.00	\$	0.0	0
	8f.	Other government assistance that you Include cash assistance and the value (if I that you receive, such as food stamps (be Nutrition Assistance Program) or housing Specify:	known) of any non-cash assistance nefits under the Supplemental	e 8f.		\$ 0	.00	\$	0.0	0
	8g.	Pension or retirement income		8g	١.	\$ 0	.00	\$	0.0	0
	8h.		TRIBUTION FROM DEBTOR PANION	8h	.+	\$ 755	.00	+ \$	0.0	0
9.	Add	all other income. Add lines 8a+8b+8c+8d	+8e+8f+8g+8h.	9.	\$	\$	2.63	\$	0.	00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debto		10.	\$_	3,328.08	+ \$_		0.00 = \$	3,328.08
			0 1							
11.	Inclu othe	e all other regular contributions to the ex ide contributions from an unmarried partner, r friends or relatives. iot include any amounts already included in cify:	members of your household, your	depe		.,			Schedule J. 11. +\$_	0.00
12.		the amount in the last column of line 10 e that amount on the Summary of Schedules ies							12. \$ Coml	3,328.08 bined
13.	Dov	ou expect an increase or decrease within	n the year after you file this form	?					mont	hly income
، ن	I	No.	your artor you me time form							
		Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	tor 1 LYDIA IDANIS OTERO ENCARNACION		Check	c if this is:	
				An amended filing	
	ouse, if filing)			A supplement show 3 expenses as of t	ing postpetition chapter
	, 3,		_		————
Unit	ed States Bankruptcy Court for the: DISTRICT OF PUERTO RICO		1	MM / DD / YYYY	
l	e number				
(If k	nown)				
\bigcirc	fficial Form 106J				
					42/45
	chedule J: Your Expenses as complete and accurate as possible. If two married people are	filing together, bo	oth are equa	lly responsible fo	12/15
info	primation. If more space is needed, attach another sheet to this function. The property of th				
Par	t 1: Describe Your Household Is this a joint case?				
١.	No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House	hold of Debto	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	COMPANION			■ Yes
				4.0	□ No
		Daughter		13	■ Yes
					□ No □ Yes
					□ No
					☐ Yes
3.	Do your expenses include ■ No				
	expenses of people other than yourself and your dependents?				
Por	<u>·</u>				
Est	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your				
	enses as of a date after the bankruptcy is filed. If this is a suppl licable date.	emental <i>Schedule</i>	J, check the	e box at the top of	the form and fill in the
Inc	lude expenses paid for with non-cash government assistance if	you know			
	value of such assistance and have included it on Schedule I: Yo ficial Form 106I.)	our Income		Your expe	nses
(Oi	nciai Form 100i.)			. Сал Сиро	
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
_	4d. Homeowner's association or condominium dues		4d. \$		153.00
5.	Additional mortgage payments for your residence, such as hon	ne equity loans	5. \$		0.00

Utilities: 6a. Electricity, heat, natural gas			
	_		
	6a.	\$	300.00
6b. Water, sewer, garbage collection	6b.	·	90.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	·	112.00
6d Other Specify: NETELIX		·	22.29
		· -	75.00
			9.99
		Ψ	11.12
_ 		φ •	
		·	7.79
1 0 11		·	977.00
		·	0.00
9		· -	89.00
•			52.00
•	11.	\$	30.00
	10	¢.	236.85
		·	
		· -	88.09
<u> </u>	14.	\$	0.00
, , ,	4.5	•	
		·	0.00
			0.00
		·	0.00
15d. Other insurance. Specify: CANCER INSURANCE	15d.	\$	19.95
	16.	\$	35.00
• •			0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
	18	•	0.00
	10.	· .	0.00
	10	Ψ	0.00
· · ·		our Incomo	
			0.00
		·	0.00
		·	
		·	0.00
		•	0.00
			0.00
	21.		90.00
		·	30.00
		+\$	70.00
DAUGHTER'S GYM		+\$	209.00
TOLLS		+\$	20.00
Calculate your monthly expenses			
		•	2 720 00
•			2,728.08
		·	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,728.08
Calculate your monthly net income			
23a. Copy line 12 <i>(your combined monthly income)</i> from Schedule I.	23a.	\$	3,328.08
, ,			2,728.08
23h Cony your monthly expenses from line 22c above			
23b. Copy your monthly expenses from line 22c above.	23b.	<u>-</u> ъ	2,720.00
23b. Copy your monthly expenses from line 22c above.23c. Subtract your monthly expenses from your monthly income.	23b.	-\$	2,720.00
	Other. Specify: NETFLIX INTERNET DISNEY PLUS APPLE AMAZON PRIME Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: CANCER INSURANCE Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: RESERVE FOR SOCIAL SECURITY Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify:	6d. Other. Specify: NETFLIX INTERNET DISNEY PLUS APPLE AMAZON PRIME Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Isusurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: CANCER INSURANCE 15c. Vehicle insurance 15d. Other insurance specify: CANCER INSURANCE 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: RESERVE FOR SOCIAL SECURITY 16. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other specify: 18payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 20ther payments you make to support others who do not live with you. 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20c. Property, homeowner's, or renter's insurance 20c. Mortagges on other property 21. RESERVE FOR CHRISTMAS AND BIRTHDAY PRESENT DAUGHTER'S PET FOOD DAUGHTER'S GYM TOLLS 22c. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	8d. Other. Specify: NETFLIX INTERNET DISNEY PLUS APPLE AMAZON PRIME Food and housekeeping supplies Childcare and children's education costs Childcare and children's education and services Childcare and children's education and services Childcare and children's education and services Childcare and services Childcare and children's education and services Childcare and children's education and services Childcare and services Childc

Deb	otor 1	LYDIA IDANIS OTERO ENCARNACION	Case number (if known)
24.	For ex	ou expect an increase or decrease in your expenses within the year cample, do you expect to finish paying for your car loan within the year or do you cation to the terms of your mortgage?	
	□ Ye		

Fill in this infor	mation to identify your	case:				
Debtor 1	LYDIA IDANIS OTERO ENCARNACION					
	First Name	Middle Name	Las	st Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Las	st Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF PUERTO	RICO		_	
Case number _ (if known)						Check if this is an amended filing
Official Forn	n 106Dec					
Declarat	ion About a	an Individual	Debte	or's Schedules	•	12/15
years, or both. 1	or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below		ruptcy cas	e can result in fines up to \$2	50,000, or imp	orisonment for up to 20
Did you pa	y or agree to pay some	eone who is NOT an attori	ney to help	you fill out bankruptcy form	s?	
■ No						
☐ Yes. N	Name of person					Petition Preparer's Notice, nature (Official Form 119)
	Ity of perjury, I declare e true and correct.	that I have read the sumr	mary and s	chedules filed with this decla	aration and	
X /s/LYD	DIA IDANIS OTERO E	ENCARNACION	х			
LYDIA	IDANIS OTERO ENC re of Debtor 1			Signature of Debtor 2		

Date _**January 17, 2023**

Date ____

Fill in	this inform	nation to identify your	r case:						
Debtor 1		LYDIA IDANIS O							
20010		First Name	Middle Name	Last Name					
Debto (Spouse	r 2 e if, filing)	First Name	Middle Name	Last Name					
United	d States Bar	nkruptcy Court for the:	DISTRICT OF PUERTO	RICO					
_		interior Court for the.	- DIGITALOT OF TOZIATO						
Case (if know	number				_	Check if this is an amended filing			
Offic	cial Fo	rm 107							
Stat	ement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/2			
inform	ation. If mer (if knowr	ore space is needed, n). Answer every ques	attach a separate sheet to	this form. On the top of any	equally responsible for sup y additional pages, write you				
		current marital statu							
	_	ourrent maritar stata							
	■ Married■ Not mar	ried							
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?					
	 ■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. 								
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territor ico, Texas, Washington and V				
] No								
	Yes. Ma	ke sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).					
Part 2	Explai	n the Sources of You	r Income						
Fi	ill in the tota	al amount of income you	u received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?			
] No								
	Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$780.00	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

				.			
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r last caler anuary 1 to	ndar year: December	31, 2022)	■ Wages, commissions, bonuses, tips	\$8,969.96	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$10,000.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
5.	Include in and other winnings. List each	come regard public bene If you are fil	dless of wheth fit payments; ling a joint cas the gross inco	ner that income is taxable. Ex pensions; rental income; inte se and you have income that	o previous calendar years? camples of other income are alerest; dividends; money collect you received together, list it o ately. Do not include income the	ted from lawsuits; royalties; an nly once under Debtor 1.	
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
		y 1 of curre filed for ba	nt year until nkruptcy:	Child Support	\$1,337.63		
				COMPANION CONTRIBUTION	\$755.00		
	r last caler anuary 1 to	ndar year: December	31, 2022)	Child Support	\$16,051.56		
				COMPANION CONTRIBUTION	\$9,060.00		
		dar year be December		Child Support	\$16,051.56		
D۵	ırt 3: Lis	t Cartain B	avments Vou	Made Before You Filed for	Rankruntov		
	Lis	Containin	ayments rea	made Before Tou Filed for	Dankiuptoy		
6.	Are eithe ☐ No.	Neither D	ebtor 1 nor D	's debts primarily consume Debtor 2 has primarily cons personal, family, or househo	umer debts. Consumer debts	are defined in 11 U.S.C. § 10	01(8) as "incurred by an
		During the	90 davs befo	ore you filed for bankruptey d	lid you pay any creditor a total	of \$7.575* or more?	
		□ No.	Go to line 7		, pa, a, oroanor a total	2. 4. 10. 0 C. Moro.	
		□ Yes	List below e	each creditor to whom you pa editor. Do not include payme	id a total of \$7,575* or more in		
		* Subject		payments to an attorney for t t on 4/01/25 and every 3 year	this bankruptcy case. rs after that for cases filed on	or after the date of adjustmen	t.

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De	ebtor 1 LYDIA IDANIS OTERO ENCAI		Page 38 of 63	e number (if known)		
	Yes. Debtor 1 or Debtor 2 or both During the 90 days before you			al of \$600 or more?	?	
	■ No. Go to line 7.					
		for domestic support obligation			you paid that creditor. Do not Also, do not include payments	to an
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for	
7.	Within 1 year before you filed for bankru Insiders include your relatives; any genera of which you are an officer, director, person a business you operate as a sole proprieto alimony. No Yes. List all payments to an insider.	I partners; relatives of any gen in control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yo g securities; and a	ou are a general partner; corpo ny managing agent, including o	rations one for
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for this payment	
			paid	still owe		
8.	Within 1 year before you filed for bankry insider? Include payments on debts guaranteed or No		yments or transfer a	iny property on a	ccount of a debt that benefit	ed an
	Yes. List all payments to an insider	Datas of maximum	Total amount	A a	December this manner	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name	
Pa	Int 4: Identify Legal Actions, Repossess	sions, and Foreclosures				
9.	Within 1 year before you filed for bankru List all such matters, including personal inj modifications, and contract disputes. No Yes. Fill in the details.	uptcy, were you a party in a				
	Case title Case number	Nature of the case	Court or agency		Status of the case	
	FEDERICO ROBLES COLLAZO, WANDA IVETTE FONTAN OCASIO VS LYDIA IDANIS OTERO ENCARNACION VB2019CV00652	Foreclosure			■ Pending □ On appeal □ Concluded	
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details b		erty repossessed, f	oreclosed, garnis	shed, attached, seized, or lev	/ied?

- - No. Go to line 11.
 - ☐ Yes. Fill in the information below.

Creditor Name and Address Describe the Property Date Value of the property **Explain what happened**

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION Case number (if known)

1.	Within 90 days before you filed for bankruptc accounts or refuse to make a payment becau No Yes. Fill in the details.	y, did any creditor, including a bank or financial ins se you owed a debt?	titution, set off any a	mounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankruptcy, court-appointed receiver, a custodian, or ano	was any of your property in the possession of an a	ssignee for the bene	fit of creditors, a
	■ No □ Yes			
Par	List Certain Gifts and Contributions			
3.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift.	, did you give any gifts with a total value of more th	nan \$600 per person?	
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and	Describe the gifts	Dates you gave the gifts	Value
	Address:			
14.	■ No	, did you give any gifts or contributions with a tota	I value of more than S	\$600 to any charity?
	Yes. Fill in the details for each gift or contrib		Datasassas	Walne
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptcy or gambling?	or since you filed for bankruptcy, did you lose anyt	hing because of theft	, fire, other disaster
	☐ Yes. Fill in the details.			
	how the loss occurred Inclu	cribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers			
6.	consulted about seeking bankruptcy or prepa	did you or anyone else acting on your behalf pay o ring a bankruptcy petition? ers, or credit counseling agencies for services required		ty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	JAIME RODRIGUEZ LAW OFFICE, PSC URB REXVILLE BB21 CALLE 38 BAYAMON, PR 00957 bayamonlawoffice@yahoo.com	Attorney Fees - \$400.00 Filling Fees - \$313.00 Consumer Credit Counseling - \$35.00		\$748.00

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

17.	promised to help you deal with your creditors of not include any payment or transfer that you list	or to make payments			or transfer any proper	ty to anyone who
	■ No					
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any pro	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list. No	ness or financial affa as security (such as t	irs? he granting of a			
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v property transferr			any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No		y property to a	self-settled tru	ust or similar device o	of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and v	alue of the prop	perty transferr	ed	Date Transfer was made
Par	tt 8: List of Certain Financial Accounts, Instru	ıments Safe Denosit	Boyes and St	orage Unite		
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associat No Yes. Fill in the details.	ther financial accour	nts; certificates	of deposit; sh		, ,
	Name of Financial Institution and La	ast 4 digits of	Type of accou	ınt or Da	te account was	Last balance
	Address (Number, Street, City, State and ZIP Code)	ccount number	instrument	mo	osed, sold, oved, or insferred	before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables? No	r before you filed for	bankruptcy, ar	ny safe deposi	t box or other deposi	tory for securities,
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or p	place other than your	home within 1	year before yo	ou filed for bankruptc	y?
	No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

Par	t 9: Identify Property You Hold or Control for S	Someone Else			
23.	Do you hold or control any property that someone for someone.	ne else owns? Include any prope	rty you k	porrowed from, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Descri	be the property	Value
Par	t 10: Give Details About Environmental Informa	tion			
For	the purpose of Part 10, the following definitions a	apply:			
	Environmental law means any federal, state, or l toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub	r, land, soil, surface water, groun			
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal s	•	law, wh	ether you now own, operate,	or utilize it or used
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s		s waste,	hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of whe	n they o	ccurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under o	or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		vironmental law, if you ow it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		vironmental law, if you ow it	Date of notice
26.	Have you been a party in any judicial or adminis	trative proceeding under any env	ironmen	ntal law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature	e of the case	Status of the case
Par	t 11: Give Details About Your Business or Con	nections to Any Business			
27.	Within 4 years before you filed for bankruptcy, d	lid you own a business or have ar	ny of the	following connections to an	y business?
	☐ A sole proprietor or self-employed in a to	rade, profession, or other activity	, either f	ull-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP))	
	☐ A partner in a partnership				
	☐ An officer, director, or managing executi	ive of a corporation			
	☐ An owner of at least 5% of the voting or	equity securities of a corporation			

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	DIA IDANIS OTERO ENCARNACION nature of Debtor 1	Signature of Debtor 2	
	YDIA IDANIS OTERO ENCARNACION	Signature of Debter 2	
are t with		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connectio ars, or both.
Par	12: Sign Below		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
	■ No □ Yes. Fill in the details below.		
	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to ar	nyone about your business? Include all financial
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN. Dates business existed
	Business Name	Describe the nature of the business	Employer Identification number
	☐ Yes. Check all that apply above and fill	in the details below for each business.	
	No. None of the above applies. Go to F	Part 12.	

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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Fill in this inforr	nation to identify your case:
Debtor 1	LYDIA IDANIS OTERO ENCARNACION
Debtor 2 (Spouse, if filing)	
United States E	Bankruptcy Court for the: District of Puerto Rico
Case number (if known)	

Chec	k as directed in lines 17 and 21:
	cording to the calculations required by this atement:
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
-	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
	3. The commitment period is 3 years.
	4. The commitment period is 5 years.
_	

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

		•					
Par	11: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one of	nly.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-11.						
10 th	ill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tota couses own the same rental property, put the income from that	month perional by 6. Fill	od would in the re	l be March 1 throusult. Do not includ	ugh August 31. If the am le any income amount n	ount of your monthly income nore than once. For example	e varied during e, if both
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and con	nmissi	ons (before all	\$1,498.33	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymen	ts from	a spouse if	\$1,337.63	\$	
4.	All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3.	t. Include ld, your de	regulai epende	r contributions nts, parents,	\$0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1	I				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	\$	
6.	Net income from rental and other real property	Debtor 1					
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	- \$	0.00			_	
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$ 0.00	\$	

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LYDIA IDANIS OTERO ENCARNACION Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. CONTRIBUTION FROM DEBTOR COMPANION 755.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3.590.96 3,590.96 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 3,590.96 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=>

15a. Copy line 14 here=>

14. Your current monthly income. Subtract line 13 from line 12.

15. Calculate your current monthly income for the year. Follow these steps:

3.590.96

3.590.96

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Debto	r 1	Multiply line 15a by 12 (the number of months in a year). 15b. The result is your current monthly income for the year for this part of the form	Case number (if known)				
		M	fultiply line 15a by 12 (the number of months in	a year).		X	12
	15	b. T	he result is your current monthly income for the	year for this part of the	form	\$	43,091.52
16.	Cal	culat	e the median family income that applies to y	ou. Follow these steps:			
	16a	. Fill i	n the state in which you live.	PR			
	16b	. Fill i	n the number of people in your household.	3			
	16c	To f	ind a list of applicable median income amounts,	, go online using the link		\$	30,376.00
17.	Hov	v do	the lines compare?				
	17a	. [
	17b	. •	1325(b)(3). Go to Part 3 and fill out Calcu	lation of Your Disposa	· •		•
Part	3:	Ca	alculate Your Commitment Period Under 11 l	J.S.C. § 1325(b)(4)			
18.	Cop	у уо	ur total average monthly income from line 11	1.		\$	3,590.96
19.	con spo	tend t use's	that calculating the commitment period under 11 income, copy the amount from line 13.	I U.S.C. § 1325(b)(4) al	not filing with you, and you lows you to deduct part of your		
	19a	. If the	e marital adjustment does not apply, fill in 0 on l	line 19a.		-\$	0.00
	19b	. Sub	stract line 19a from line 18.			\$	3,590.96
20.	Cal	culate	e your current monthly income for the year.	Follow these steps:			
	20a	. Сор	y line 19b			\$	3,590.96
		Mult	tiply by 12 (the number of months in a year).			X	12
	20b	. The	result is your current monthly income for the ye	ear for this part of the fo	rm	\$	43,091.52
	20c	. Сор	by the median family income for your state and s	size of household from l	ine 16c	\$	30,376.00
	21.	Hov	v do the lines compare?				
			Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the court,	on the top of page 1 of this form, chec	k box 3, <i>T</i>	he commitment
			Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4.	less otherwise ordered l	by the court, on the top of page 1 of thi	s form, ch	eck box 4, The
Part	4:	Si	gn Below				
	Ву	signin	g here, under penalty of perjury I declare that the	ne information on this st	atement and in any attachments is true	e and corr	ect.
Х	/s/	LYC	DIA IDANIS OTERO ENCARNACION				
			IDANIS OTERO ENCARNACION re of Debtor 1				
	Date		nuary 17, 2023 M/DD / YYYY				
	If yo		ecked 17a, do NOT fill out or file Form 122C-2.				
			ecked 17h, fill out Form 122C-2 and file it with th	nis form. On line 39 of th	nat form, copy your current monthly inc	ome from	line 14 above

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

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Fill in	this information to	identify your case:						
Debto	r 1 LYDIA ID	ANIS OTERO EN	CARNACION					
Debto (Spou	or 2 use, if filing)							
United	d States Bankruptcy (Court for the: Distric	t of Puerto Rico					
Case (if kno	number own)				☐ Che	ck if this is a	an amended	d filing
	n Form 122C-2 Apter 13 Cal	culation of	Your Disposa	able Ir	ncome			04/22
	out this form, you w nitment Period (Offic		eted copy of <i>Chapter 1</i>	3 Stateme	nt of Your Current Month	ly Income ar	nd Calculatio	on of
space	is needed, attach a		is form, Include the lin		ther, both are equally res to which additional infor			
Part 1	Calculate You	r Deductions from Y	our Income					
the	questions in lines (6-15. To find the IRS		using the li	r certain expense amount ink specified in the separ			
exp	enses if they are higl	ner than the standard	s. Do not include any ope	erating exp	nse. In later parts of the for enses that you subtracted income in line 13 of Form	from income		
If y	our expenses differ fr	om month to month, e	enter the average expens	se.				
Not	te: Line numbers 1-4	are not used in this fo	orm. These numbers app	ly to inform	nation required by a similar	form used in	chapter 7 ca	ses.
5.	The number of pe	ople used in determ	ining your deductions	from inco	me			
	plus the number of	f people who could be any additional dependel le in your household.		s on your fe t. This num	deral income tax return, ber may be different from		3	
Nat	tional Standards	You must use t	he IRS National Standar	rds to answ	ver the questions in lines 6-	7.		
6.			the number of people your clothing, and other ite		in line 5 and the IRS Natio	nal	\$	1,610.00
7.	the dollar amount for people who are 65	or out-of-pocket health or olderbecause old	n care. The number of pe	eople is spl IRS allowa	tered in line 5 and the IRS lit into two categoriespeop ance for health car costs. If 22.	ole who are u	nder 65 and	

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION Case number (if known)

eopie	e w	ho are under 65 years of age								
7:	a.	Out-of-pocket health care allowance per person	\$	75	_					
7	b.	Number of people who are under 65	X	3						
7	C.	Subtotal. Multiply line 7a by line 7b.	\$	225.00	-	Copy here=>	> \$	2	225.00	
eople	e w	rho are 65 years of age or older								
7	d.	Out-of-pocket health care allowance per person	\$	153	_					
7	e.	Number of people who are 65 or older	X	0						
71	f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00		Copy here=>	• \$		0.00	
7	g.	Total. Add line 7c and line 7f			\$	225.00		Copy to	tal here=>	\$ 225.00
.ocal	Sta	andards You must use the IRS Local Standards t	o answ	er the questi	ons in lir	nes 8-15.				
		n information from the IRS, the U.S. Trustee Process purposes into two parts:	gram h	as divided t	he IRS I	Local Standard	d for	housing	g for	
Ho	usiı	ng and utilities - Insurance and operating expen	ses							
	usiı	ng and utilities - Mortgage or rent expenses								
o ans	swe	er the questions in lines 8-9, use the U.S. Truste						using t	he link s	pecified in the
o ans epara	swe ate lous	er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating expert of the sing amount listed for your county for insurance	oe avail enses:	lable at the I Using the nu	bankrup umber of	otcy clerk's offi	ice.	•		
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o ans epara . H in 9.	swe ate lous lous a. b.	instructions for this form. This chart may also be sing and utilities - Insurance and operating experience dollar amount listed for your county for insurance sing and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, the listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at a Total calculate the total average monthly payment, and contractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60. Name of the creditor VEREDAS DEL MAR HOA	pe availenses: and operation of the control of the	lable at the I Using the numberating experience dollar amounts that and after your for the second payment.	bankrup umber of nses. unt ured by y are ile nthly 153.00	otcy clerk's offit people you ent	ice. tered \$	in line 5	5, fill \$_ 784.00	Repeat this amou

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION Case number (if known)

11.	Local transportation expenses: Check the number of veh	nicles for which you claim	an ownership or	operating	expense.	
	☐ 0. Go to line 14.					
	■ 1. Go to line 12.					
	☐ 2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standard operating expenses, fill in the <i>Operating Costs</i> that apply for					315.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.					
Ve	hicle 1 Describe Vehicle 1:					
13a	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	. Average monthly payment for all debts secured by Vehicle	1.				
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mo bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
13c.	Total Average Monthly Payment Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$	\$	Copy here => -\$ _	0.00	Repeat this amount on line 33b. Copy net Vehicle 1 expense here => \$ _	0.00
Ve	hicle 2 Describe Vehicle 2:					
13d	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	. Average monthly payment for all debts secured by Vehicle leased vehicles.	2. Do not include costs fo	r			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total average monthly payment	\$	Copy here => -\$	0.00	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$	60, enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$ _	0.00
14.	Public transportation expense: If you claimed 0 vehicle Public Transportation expense allowance regardless of				the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in not claim more than the IRS Local Standard for <i>Public Trans</i>	what you believe is the ap				0.00

Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, seals—employment taxes, social security taxes, and in Mediciare taxes. You may include the monthly amount withheld from your pay for freese taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 17. Involutary deductions: The notal monthly payroll deductions that your job requires, such as refirement contributions, union dues, and uniform costs. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support. You will list these obligations in line 35. 19. Education: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support. You will list these obligations in line 35. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support. You will list these obligations in line 35. 10.00 10.00 11. Education: The total monthly amount that you pay for education that is either required: 12. Education: The total monthly amount that you pay for deducation that is either required: 13. a condition for your job, or 14. or your physically or mentally challenged dependent child if no public education is available for similar services. 15. 0.00 16. Colorional telephone and expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health amount wellarier of you in your dependents and that is not rembursed by insurance or paid by the payments for heal	Oth	er Necessary Ex	cpenses	the following IRS ca		ductions	listed above,	, you are allowed your monthly expense	s for	
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 10. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouses set term life insurance. If two married people are filing together, include payments in that you make for your spouses is term life insurance. If we married people are filing together, include payments on past due obligations for spousal or child support and influence of a court or administrative agency, such as spousal or child support payments. Do not include payments or past due obligations for spousal or child support. You will list these obligations in line 35. 0.000 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 0.000 11. Childcare: The total monthly amount that you pay for childcares, such as babysitting, daycare, nursery, and preschool. 12. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 13. On to include payments for any elementary or secondary school education. 14. On the control of the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. 15. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and vertices to the care for the production of income, if it is not reimbursed by your enployer. 15. Health insurance, disability insurance, and health savings acco	16.	self-employmer your pay for the and subtract tha	it taxes, soc se taxes. He at number fr	cial security taxes, and owever, if you expect om the total monthly	d Medica to receiv	re taxes. /e a tax re	You may inc efund, you m	lude the monthly amount withheld from ust divide the expected refund by 12	\$	149.83
18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling toperfice, include payments in the your make lor your appuses sterm life insurance. Do not include premiums for life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than to a past due obligations for spouse's term life insurance. Do not include payments or past due obligations for spouse of child support. You will list these obligations in line 35. Do not include payments on past due obligations for spouse of child support. You will list these obligations in line 35. Do not include payments on past due obligations for spouse of child support. You will list these obligations in line 35. Do not include payments for past due obligations for spouse of child support. You will list these obligations in line 35. Do not include payments for past due obligations for spouse of child support. You will list these obligations in line 35. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Solutions are expenses, excluding insurance costs: The monthly amount that you pay for health care expenses, excluding insurance costs: The monthly amount that you pay for health care that it required for the health and vellate of you or your dependents and that is not reimbursed by jour surance or health savings accounts should be listed only in line 25. Do potional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health necessary long the extent of the your dependents. Add all	17.	contributions, u	nion dues, a	and uniform costs.					\$	216.00
administrative ageincy, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waining, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 24. Add all of the expenses allowed under the IRS expense allowances. 3	18.	Life Insurance filing together, in Do not include p	The total n nclude payn premiums fo	nonthly premiums that ments that you make or life insurance on yo	it you pay for your s	y for your spouse's t	own term life erm life insu	e insurance. If two married people are rance.	\$	0.00
20. Education: The total monthly amount that you pay for education that is either required: a sa condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 11. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 12. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 26. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account that are reasonably necessary for yoursely, your spouse, or your dependents. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for your	19.	administrative agency, such as spousal or child support payments.						¢	0.00	
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 2. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 1220-1, or any amount you previously deducted. 2. Add all of the expenses allowed under the IRS expense allowances. 2. Additional Expense Deductions 2. Additional Expense Deductions 3. These are additional deductions allowed by the Means Test. 2. Moter Do not include any expense allowances listed in lines 6-24. 2. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings account expenses. 3. 0.00 3. Do		·	•					ŭ	Ψ	0.00
Tor your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00	20.			, , ,	ay for ec	lucation t	nat is either r	equired:		
21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or you or dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or businesse cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, caller identification, special long distance, or businesse cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. \$ 3,792.83 Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Do you actually spend this total amount? N		_							•	0.00
Do not include payments for any elementary or secondary school education. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 5. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Poyou actually spend this total amount? No. How much do you actually spend? Yes \$ 0.00 Total continue to pay for the reasonable and necessary care and support of an elderfy, chronically ill, or disabled member of your innueshold or member of your innuediate family who is unable to pay for such expenses. These ex		for your phys	sically or me	entally challenged dep	pendent (child if no	public educa	ation is available for similar services.	*	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if if is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$ 0.00 Copy total here=> \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Pyes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 2529A(b) 27. Protection against family violence. The reaso	21.				•	-	,	sitting, daycare, nursery, and preschool.	\$	0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call wairing, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 No. How much do you actually spend this total amount? No. How much do you actually spend? No. How much do you actually spend? No. How much do you actually spend this total amount? No. How much do you actually spend? Pyes Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE pr	22.	that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						\$	0.00	
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insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ \$ 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 9.00 Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add		_							
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Health savings account + \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes * Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health insurance	е			\$	0.00			
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Do you actually spend this total amount? No. How much do you actually spend? Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings	account		+	\$	0.00	_		
No. How much do you actually spend? Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total				\$	0.00	Copy total here=>	\$	0.00
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safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continue to pay your household	for the reas or member	onable and necessar of your immediate fa	ry care ai mily who	nd suppo is unable	rt of an elder to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may		0.00
By law, the court must keep the nature of these expenses confidential. \$ 0.00	27.									
		By law, the cou	rt must keep	the nature of these	expenses	s confider	ntial.		\$	0.00

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ebtor 1	LYDIA IDANIS OTERO ENCARNA	CION Case number (if known)					
	Additional home energy costs. Your homine 8.	ne energy costs are included in your insurance and operating expenses	on				
	If you believe that you have home energy on the fill in the excess amount of home er	costs that are more than the home energy costs included in expenses or nergy costs	n line				
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that the additional ary.		\$	0.0		
9	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expenses (not more than ependent children who are younger than 18 years old to attend a private	or				
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.					
+	* Subject to adjustment on 4/01/25, and evo	ery 3 years after that for cases begun on or after the date of adjustment		\$	0.0		
ŀ		he monthly amount by which your actual food and clothing expenses argallowances in the IRS National Standards. That amount cannot be mos in the IRS National Standards.					
		ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.					
,	You must show that the additional amount	claimed is reasonable and necessary.		\$	0.0		
	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).						
ı	Do not include any amount more than 15%	of your gross monthly income.	r	\$	0.0		
	32. Add all of the additional expense deductions. Add lines 25 through 31.						
Dedu	ctions for Debt Payment						
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortgages, vehicle 33a through 33e.					
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.					
	Mortgages on your home				monthly		
33a.	Copy line 9b here	-	:> S	aymen	153.00		
oou.	Loans on your first two vehicles		,		100.00		
33b.			_		0.00		
			:> \	<u> </u>			
33c.	Copy line 13e here		=> {		0.00		
33d.	List other secured debts:						
Name	e of each creditor for other secured debt	Identify property that secures the debt Does paymer include taxes or insurance?					
		□ No					
	-NONE-	☐ Yes	\$				
		□ Yes	\$				
			Ť				
		☐ Yes +	- •				
			\$				
			Copy otal				

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		Documen	ı Page	3 52 01 03			
tor 1 LYC	DIA IDANIS OTERO ENC	CARNACION		Case nui	mber (if known)		
	debts that you listed in li						
□ No.	Go to line 35.						
_	State any amount that you	ossession of your property					
Name of the	e creditor	Identify property that sec	ures the debt	Tot	tal cure amount	Mon	thly cure
		VEREDAS DEL MAR BAJA, PR 00693 VE 100% INTEREST IN PROPERTY LOCAT DEL MAR, VEGA BA PROPERTY CONSIS BEDROOMS, ONE E LIVINGROOM, DINN	ega Baja Co RESIDENT 'ED AT VER AJA, PR. TI ST OF THR BATHROOM	Dunty TAL REDAS HE EE M,			
VEREDA	S DEL MAR HOA	KITCHEN AND LAU		\$	15,663.95		261.07
				\$ _		÷ 60 = \$ ÷ 60 = +\$	
						Сору	
				Total \$	261.07	total here=>	s 261. 0
■ No.		all of these priority claims. E uch as those you listed in lir	Do not include	e current or			
	Total amount of all past-	due priority claims		\$_	0.00	÷ 60	0.0
6. Projecte	ed monthly Chapter 13 pla	n payment		\$_			
Office of the Execution To find a	multiplier for your district as f the United States Courts (foutive Office for United State list of district multipliers that inclinistructions for this form. This list	or districts in Alabama and es Trustees (for all other dis ludes your district, go online usi	North Carolinatricts). Ing the link spe	na) or by X cified in the			
Average	monthly administrative exp	ense		;	\$	Copy total here=> \$	
7. Add al	I of the deductions for deb	ot payment. Add lines 33e	through 36.			\$	414.07
otal Dedu	ctions from Income						
B. Add all	of the allowed deductions	i.					
	ne 24, All of the expenses a se allowances	allowed under IRS	\$	3,792.83			
Copy li	ne 32, All of the additional e	expense deductions	\$	0.00			

Copy line 37, All of the deductions for debt payment

Total deductions.....

+\$

\$

414.07

4,206.90

Copy total here=>

4,206.90

\$

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LYDIA IDANIS OTERO ENCARNACION Debtor 1 Case number (if known) Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 3.590.96 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 4,206.90 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 4.206.90 4.206.90 here=> -\$ -615.94 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

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Debtor 1	LYDIA IDANIS OTERO ENCARNACION	Case number (if known)
Part 4:	Sign Below	
B	By signing here, under penalty of perjury you declare that the information	on on this statement and in any attachments is true and correct.
		•
_ ~ _	/s/ LYDIA IDANIS OTERO ENCARNACION LYDIA IDANIS OTERO ENCARNACION	
1	Signature of Debtor 1	
-	January 17, 2023	
	MM / DD / YYYY	

Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2022 to 12/31/2022.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: ICON MANAGEMENT

Constant income of \$1,498.33 per month.*

Line 3 - Alimony and maintenance payments received

Source of Income: **DOMESTIC SUPPORT OBLIGATION**

Income by Month:

6 Months Ago:	07/2022	\$1,337.63
5 Months Ago:	08/2022	\$1,337.63
4 Months Ago:	09/2022	\$1,337.63
3 Months Ago:	10/2022	\$1,337.63
2 Months Ago:	11/2022	\$1,337.63
Last Month:	12/2022	\$1,337.63
	Average per month:	\$1,337.63

Line 10 - Income from all other sources

Source of Income: CONTRIBUTION FROM DEBTOR COMPANION

Income by Month:

6 Months Ago:	07/2022	\$755.00
5 Months Ago:	08/2022	\$755.00
4 Months Ago:	09/2022	\$755.00
3 Months Ago:	10/2022	\$755.00
2 Months Ago:	11/2022	\$755.00
Last Month:	12/2022	\$755.00
	Average per month:	\$755.00

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Debtor 1 LYDIA IDANIS OTERO ENCARNACION

Case number (if known)

*Paycheck Details:

ICON MANAGEMENT

Date	Earnings	Overtime	Taxes	Other	Net Check
2022-07-05	980.00	0.00	98.00	130.00	752.00
2022-07-20	980.00	0.00	98.00	130.00	752.00
2022-08-05	980.00	0.00	98.00	130.00	752.00
2022-08-19	980.00	0.00	98.00	130.00	752.00
2022-09-02	780.00	0.00	78.00	63.00	639.00
2022-09-20	780.00	0.00	78.00	63.00	639.00
2022-10-05	780.00	0.00	78.00	130.00	572.00
2022-10-20	780.00	0.00	78.00	130.00	572.00
2022-11-04	780.00	0.00	78.00	130.00	572.00
2022-11-18	780.00	0.00	78.00	130.00	572.00
2022-12-05	389.96	0.00	39.00	130.00	220.96
Totals:	8,989.96	0.00	899.00	1,296.00	6,794.96

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$78	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:23-00068-EAG13 Doc#:1 Filed:01/17/23 Entered:01/17/23 15:51:42 Desc: Main Document Page 61 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of Puerto Rico

In	re LYDIA IDANIS OTE	RO ENCARNACION		Case No.	
			Debtor(s)	Chapter	13
	DISCLO	OSURE OF COMPEN	SATION OF ATTOR	NEY FOR DE	CBTOR(S)
1.	compensation paid to me v	ithin one year before the filing), I certify that I am the attorney of the petition in bankruptcy, or or in connection with the bankr	r agreed to be paid	to me, for services rendered or to
	For legal services, I h	1			4,000.00
	Prior to the filing of the	nis statement I have received		\$	400.00
	Balance Due			\$	3,600.00
2.	The source of the compens	ation paid to me was:			
	■ Debtor □	Other (specify):			
3.	The source of compensation	n to be paid to me is:			
	■ Debtor □	Other (specify):			
4.	■ I have not agreed to sh	are the above-disclosed comper	nsation with any other person ur	nless they are memb	pers and associates of my law firm.
			on with a person or persons whes of the people sharing in the co		or associates of my law firm. A ched.
5.	In return for the above-dis	closed fee, I have agreed to reno	der legal service for all aspects of	of the bankruptcy c	ase, including:
	b. Preparation and filing of c. Representation of the dd. [Other provisions as ne The undersigned creditors by at recognizes tha	of any petition, schedules, statent ebtor at the meeting of creditors eded] ed counsel has explained to corney Jaime Rodríguez-Pét t they were duly informed to	ng advice to the debtor in determent of affairs and plan which no and confirmation hearing, and the debtor(s) that debtor(s) rez, Esq. or by the of-counthat they will be represente sel attorney Mrs. Ada Henri	nay be required; any adjourned hear (s) will be repres sel attorney Mrs d in the meeting	rings thereof; sented in the meeting of a. Ada Henriquez, Esq. Debtor
6.	Adversary proc confirmation o	eedings of any nature, pos	does not include the following set confirmation matters and the above stated fee and oplication to the Court.	d motions for rel	
			CERTIFICATION		
this	I certify that the foregoing s bankruptcy proceeding.	is a complete statement of any a	agreement or arrangement for pa	ayment to me for re	epresentation of the debtor(s) in
	January 17, 2023		/s/ JAIME RODRIGI	UEZ PEREZ, ESC	2
-	Date		JAIME RODRIGUE		
			Signature of Attorney JAIME RODRIGUE	Z LAW OFFICE.	PSC
			URB REXVILLE	,	
			BB21 CALLE 38 BAYAMON, PR 009	157	
			787-797-4174 Fax:		
			bayamonlawoffice	@yahoo.com	
1			Name of law firm		

United States Bankruptcy Court District of Puerto Rico

		District of Puerto Rico		
In re	LYDIA IDANIS OTERO ENCARNACION		Case No.	
		Debtor(s)	Chapter	13
	VERIFICA	MATRIX		
he ab	ove-named Debtor hereby verifies that the a	ttached list of creditors is true and	correct to the best	of his/her knowledge.
Date:	January 17, 2023	/s/ LYDIA IDANIS OTERO EN	CARNACION	
		LYDIA IDANIS OTERO ENCA	RNACION	
		Signature of Debtor		

VEREDAS DEL MAR

APT 6-305

VEGA BAJA, PR 00693

LYDIA IDANIS OTERO ENCARNACION LCDO CARLOS L. RAMIREZ VARGAS

3228 CARR 351 MAYAGUEZ MAYAGUEZ, PR 00682-7818

JAIME RODRIGUEZ PEREZ, ESQ LUMA ENERGY JAIME RODRIGUEZ LAW OFFICE, PSC PO BOX 363508

URB REXVILLE BB21 CALLE 38 BAYAMON, PR 00957

SAN JUAN, PR 00936-3508

ACCEPTANCE NOW 5501 HEADQUARTERS DR

PLANO, TX 75024

PENTAGON FCU PO BOX 1432

ALEXANDRIA, VA 22313-2032

AT&T SERVICES PO BOX 192830

SAN JUAN, PR 00919

VEREDAS DEL MAR HOA

6309 CONDOMINIO VEREDAS DEL MAR

VEGA BAJA, PR 00693

CLARO PR PO BOX 70367 SAN JUAN, PR 00936 WANDA I FONTAN PARCELAS TORRECILLAS 258 CALLE OTILIO MUNOZ MOROVIS, PR 00687

DTOP PO BOX 41269 MINILLAS STATION SAN JUAN, PR 00940

WANDA I FONTAN 2 ANASTASIO MENENDEZ SECTOR PABON MOROVIS, PR 00687

ECMC PO BOX 16408 SAINT PAUL, MN 55116-0408

EMPRESAS BERRIOS PO BOX 674 CIDRA, PR 00639-0674

FEDERICO ROBLES COLLAZO 2 ANASTASIO MENENDEZ SECTOR PABON MOROVIS, PR 00687